## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Norio KOMA	Art Unit: 2871 Examiner: Michael H. Caley										
Serial No: 10/084,608 Confirmation No.: 4219 Filed: February 26, 2002						I hereby certify that this correspondence is being transmitted via electronic filing on the date indicated below to:					
For: VERTICALLY ALIGNED LIQUID CRYSTAL DISPLAY  Mail Stop Amendment Commissioner for Patents						Comm P.O. B	Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
P.O. Box 1450  Alexandria, VA 22313-1450  Rebecca Maiden											
Dear Sir:							Rebecca Maiden Name Klinelea Maiden 04/30/07				
Transmitted herewith is an amendment in the above-identified application.										Date	
<ul> <li>☐ Small entity status has been claimed. See 37 CFR § 1.27.</li> <li>☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.</li> </ul>											
No additional fee is required.											
The fee has been calculated as shown below:											
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID F		(Col. 3) PRESENT R EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE DUE		
TOTAL CLAIMS FEE	9	-20	20	**	0		LG=\$50 SM=\$25	\$50	\$	0	
INDEPENDENT CLAIMS FEE	3	-3	5	***	O		LG=\$200 SM=\$100	\$200	\$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180									\$	0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS									\$	0	
TOTAL									\$	0	
<ul> <li>If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.</li> </ul>											
A check in the amount of \$0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.											
A check in the amount of \$_ to cover the extension fee is enclosed. A copy of this sheet is enclosed.											
The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.  Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  Any patent application processing fees under 37 C.F.R. § 1.17											
Respectfully submitted, HOGAN & HARTSON L.L.P.											
Date: April 30, 2007  By: Sphul Schul clu- John P. Scherlacher									-		
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